

CASE REPORT

An incarcerated epigastric hernia with unusual contents

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Key Clinical Message

An epigastric hernia usually contains preperitoneal fat, but rarely may contain colon. This fact needs to be kept in mind by the operating surgeons.

Abstract

An epigastric hernia usually contains preperitoneal fat, but rarely may contain colon. Experience with such a singular case is presented and discussed. This fact needs to be kept in mind by the operating surgeons.

KEYWORDS

colon, contents, epigastric hernia

1 | INTRODUCTION

Epigastric hernia occurs between the xiphoid process and umbilicus in the midline of the abdomen through a fascia defect in the linea alba and usually contains preperitoneal fat. Here, we share a case of an incarcerated epigastric hernia with unusual contents.

2 | CASE HISTORY

A 78-year-old obese lady, with an old case of non-Hodgkin lymphoma in remission since 2009, chronic hepatitis B on entecavir since 2010, hiatus hernia, hypertension, cardiac arrhythmias, chronic obstructive pulmonary disease, and bronchial asthma who had noticed a gradually progressive and intermittent bulge in the upper central abdomen for last 10 months, now had constant pain in the bulge for past 3 days, not relieved with analgesics with attendant irreducibility. She had not undergone any surgery in the past, except for right eye cataract. On examination, she was hemodynamically stable, had tachycardia, and a tense, tender, irreducible, nonpulsatile epigastric hernia of size approximately 15 cm was noted. A bedside

sonography confirmed the findings with the defect size being 3 cm.

After stabilization, she was promptly taken to the operating room. On exploration through an upper midline incision under general anesthesia, the hernia was found to have a large sac ([Figure 1](#)). The sac was opened with due caution and it was found to contain transverse colon and omentum with good viability. The hernia defect measured 5 cm cranio-caudally and 3 cm laterally ([Figure 2](#)). After diligent reduction of the contents, the defect was closed primarily with polypropylene (number 0) suture and reinforced with a 20 cm polypropylene mesh. The postoperative period was uneventful and she recovered well with the usual Enhanced Recovery After Surgery (ERAS) protocol. She was discharged home on 9th postoperative day and had uneventful follow-up even after a year postsurgery.

3 | DISCUSSION

Epigastric hernias account for 1.6%–3.6% of all abdominal hernias and 0.5%–5% of all operated abdominal hernias.¹ Usually these hernias present as a small mass rarely large enough to admit more than a small amount of

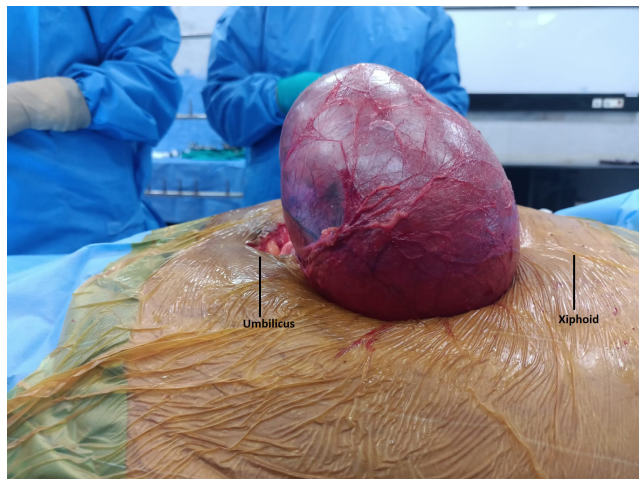


FIGURE 1 Epigastric hernia with sac.

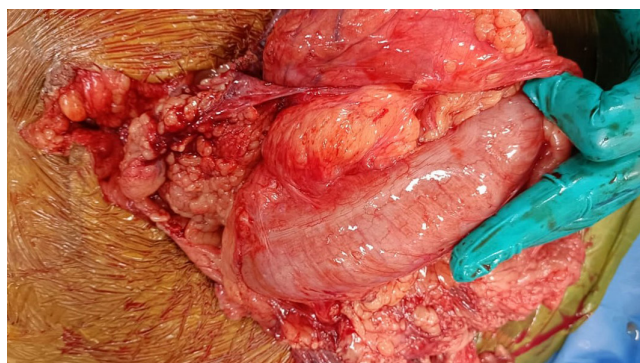


FIGURE 2 Transverse colon as contents.

preperitoneal fat. Even a meticulous abdominal palpation may miss the findings in an obese patient, where a point-of-care ultrasound usually helps.²

We found only two cases in literature of an epigastric hernia containing colon. Mandal et al reported a case in 2017, where the patient had intestinal obstruction and the contents of the hernia were transverse colon and part of greater curvature of stomach.³ Palade et al. reported strangulated epigastric hernia with transverse colon necrosis.⁴ In our case, not only the content of the hernia being a colon was surprising, but the incarceration associated with it is a rarity.

Surgical correction is the treatment of epigastric hernia. It may not always need prosthesis repair. However, prosthesis is useful in voluminous hernias with wide neck.⁴

In our case, as the contents were healthy and viable, the repair was reinforced with a polypropylene mesh. Incarcerated epigastric hernia is a surgical emergency and an early surgery after resuscitation gives satisfactory outcomes.⁵

4 | CONCLUSION

Incarcerated epigastric hernias rarely may contain colon as content.

AUTHOR CONTRIBUTIONS

Shrirang Vasant Kulkarni: Conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; project administration; resources; software; supervision; validation; visualization; writing – original draft; writing – review and editing.

FUNDING INFORMATION

None.

DATA AVAILABILITY STATEMENT

Data are available and can be shared.

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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How to cite this article: Kulkarni SV. An incarcerated epigastric hernia with unusual contents. *Clin Case Rep*. 2023;11:e8291. doi:[10.1002/ccr3.8291](https://doi.org/10.1002/ccr3.8291)